



BOROUGH OF WHITEHAVEN.

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# ANNUAL REPORT

OF

J. B. FISHER, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH,


WITH

Tabular Returns of Mortality, &c.,

FOR THE YEAR 1913.

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TO THE TOWN COUNCIL OF THE  
BOROUGH OF WHITEHAVEN.

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77, LOWTHER STREET,  
WHITEHAVEN,

MARCH, 1914.

GENTLEMEN,

I have again to lay before you my Annual Report as Medical Officer of Health, dealing with the public health work of the year 1913, the incidence of infectious disease and the administrative action taken to check its spread, the vital statistics of the Borough during the year compared with those for previous years, the sanitary circumstances of the Borough and the measures taken or necessary to be taken to improve those conditions, together with the usual tabular statements of mortality from different causes and at different ages during the year.

I have in previous Annual Reports stated that the population of the Borough has been practically stationary for many years. It is true the Census of 1911 showed a falling off as compared with the Census of 1901, from 19,324 to 19,048. This is not to be considered an indication of a permanent decline in population, but was sufficiently accounted for by the disaster by which so many men lost their lives in Wellington Pit in 1910. For in addition to the men actually killed in the accident, the work of the pit was for a long time greatly interfered with, and a great many men thus thrown out of work sought employment elsewhere. In this report I have calculated the rates of mortality on an estimated population of 19,200, so as not to over-estimate the population and so make the rates appear lower than is actually the case,

though I believe the population will soon reach the 19,320 at which it stood before 1910, if it has not already done so.

The number of births registered in the Borough during the year was five hundred and fifty-six. Seven of these however were "outward transfers," that is according to the returns of the Registrar General, children born in a district other than that in which their parents usually resided. When these are subtracted we have the corrected number of births as five hundred and forty-nine which is equivalent to a birth-rate of 28.59 per thousand of estimated population per annum, and is 2.6 below the average of 31.19 for the ten preceding years. Of the children born during the year two hundred and seventy-nine were boys and two hundred and seventy girls. Twenty-eight of the children born during the year were illegitimate, twelve boys and sixteen girls. Two boys and six girls were born in the workhouse.

The total deaths registered as occurring in the Borough during the year numbered three hundred and fifty-five which gives a death-rate of 18.49 per thousand of population per annum. Of this number however forty-three deaths were those of "non-residents," that is persons who had a fixed or usual residence elsewhere in England or Wales and were only temporarily staying in the Borough, mostly in the Infirmary or Workhouse, at the time of their death. These have to be subtracted from the total registered deaths having been transferred to the district in which they usually resided. On the other hand eleven deaths have to be added of "residents" or persons usually living in the Borough who happened to be staying temporarily in another district at the time of their death so that their deaths were registered in that district. The number of deaths of persons actually belonging to the Borough registered during the year was therefore three hundred and twenty-three which is equivalent to a death-rate of 16.82 per thousand per annum and is 1.92 below the average of 18.74 for the ten preceding years.

The "corrected" general death-rate for the Borough according to age and population was 16.51.

There were seventy deaths of infants under one year of age during the year, giving an infantile death-rate of 3.65 per thousand of population per annum, which is 0.84 below the average of 4.49 for the ten preceding years. The number of births during the year being, as already stated, five hundred and forty-nine, the infantile death-rate per thousand births was 127.5 which is 16.19 below the average of 143.69 for the ten preceding years.

Six illegitimate infants under one year of age died during the year, representing a death-rate of 214.28 per thousand illegitimate births registered. The sixty-four deaths of legitimate infants gives a rate of 122.84 per thousand legitimate births.

Forty-four deaths were those of children between one and five years of age, making with the seventy deaths of infants under one year, a total of one hundred and fourteen deaths of children under five years of age, giving a death-rate of 5.94 per thousand of population per annum, which is 0.99 below the average of 6.93 for the ten preceding years.

There were ninety-three deaths of persons over sixty-five years of age, giving a senile death-rate of 4.84 per thousand per annum, which is 0.19 above the average of 4.65 for the ten previous years.

From the eight principal zymotic diseases enumerated in Table VI twenty-six deaths were registered during the year, giving a death-rate from these diseases of 1.35 per thousand per annum. This is 0.63 below the average of 1.98 for the ten preceding years, and lower than in any one of those years except 1912. Of these twenty-six deaths fourteen were due to Diarrhoea and Enteritis, ten to Measles, and two to Enteric Fever.



The rates of mortality for 1913, therefore, compare favourably with previous years, the general death-rate, the infant death-rate and the zymotic death-rate being below, whilst the senile death-rate is slightly above the average. The birth-rate, however, which has shown a gradual falling during the previous years with an occasional temporary rise, has during 1913 been lower than in any one of the previous ten years.

Under the provisions of the "Infectious Disease (Notification) Act" there were notified during the year 1913 fifty-one cases, the average number notified per year for the twenty-three previous years during which the Act has been in operation being one hundred and fourteen

Sixteen were notifications of Scarlet Fever, twelve Enteric Fever, one Diphtheria and twenty-two Erysipelas.

Fifteen of the sixteen cases of Scarlet Fever were removed to Bransty Hospital for Infectious Diseases, the remaining case being treated at home as the notifying practitioner certified that the patient, a girl aged eight years, could be adequately isolated there. The number of cases of Scarlet Fever was the least notified in any year since 1900. In all cases of infectious disease notified, the house in which the patient resides is at once visited by the Sanitary Inspector or myself, to ascertain in the first place the available accommodation, the number, sex, and age of the inmates and whether or not adequate isolation at home is possible, regard being had to the nature of the disease, the occupation of other members of the household, the probable duration of the illness, and all circumstances that may have a bearing on the desirability or otherwise of removal of the patient to hospital as a means of checking the spread of infection. In the case of Scarlet Fever, considering the length of time the patient continues in an infective state and in a large majority of the cases capable of giving the disease to persons with whom

he comes in contact for a considerable period after he feels well enough to go about, it is best in the interests of the public health to remove nearly all to hospital. Even if the house is large enough to permit of accommodation being provided for the patient and his immediate attendant, apart from the rooms usually occupied by the rest of the family, it is very seldom indeed that complete isolation is actually secured during the prolonged convalescence. The necessary restrictions become irksome alike to the patient and the rest of the family, less and less attention is paid to the advice given, and when at last disinfection has to be carried out on the recovery of the patient it is rendered extremely difficult to do it efficiently because of the previous neglect of matters which seemed at the time of little importance. Articles liable to retain infection have been removed from the patient's quarters to other parts of the house, and it is practically impossible to say that no infected article has been missed however conscientious and painstaking the disinfection may be. This view is taken now very generally by patients and their friends. It is seldom that any difficulty is experienced in obtaining their consent when removal seems desirable. Where such difficulty occurs it is usually the result of some fanciful fear that the neighbours will consider the parents unfeeling in permitting their children to be taken away from them when ill, or of some other equally unfounded and ignorant notion, and is generally met with in cases in which there is the greatest need for removal, owing to the obvious hopelessness of expecting due compliance with instructions if the patient were allowed to remain at home. The doctors for the most part encourage this appreciation of the hospital which exists by pointing out to patients and their friends, in the first instance, how much better it will be for the patient himself to be in a well appointed hospital during his convalescence, where he can have ample freedom for outdoor exercise as soon as he is fit, in the company of those like himself recovering from the disease, than in the confined space

and circumstances of even an ordinarily well appointed house. When the officer of the authority goes and expresses the opinion that removal is desirable, he is met by a feeling of readiness on the part of the patient and friends in strong contrast to the repugnance that used to be experienced a few years ago. In this connection I must say that the abolition of payment in all cases by resolution of the Town Council was in my opinion a mistake. There are a good many people who are able, and would prefer to pay something for the accommodation and attendance they receive. During the last three years we have been fortunate in having to deal with fewer cases than usual, and those of such a character that the question of payment could never have arisen. Still cases do arise from time to time such as I have referred to, in which the circumstances of the patient enable him to provide accommodation and nursing at home, but nevertheless he would prefer to go to hospital for the reasons I have stated and he would be quite willing to pay. Is such a person to be denied the manifest advantages which are provided gratuitously for those unable to pay? The provision of accommodation for those who can not be adequately isolated at their own homes with due regard to the public health must always remain the chief, as it was the original, duty of a sanitary authority, and paying cases should never be allowed to interfere with the performance of this duty, but to deny the advantages of the hospital to those able and willing to pay, when they might receive these advantages without encroaching in any way on the accommodation required by the ordinary non-paying patients seems to me to be a dog in the manger policy.

Of the twelve cases of Enteric Fever notified during the year ten were removed to hospital. Seven of the cases were evidently due to direct personal infection from undetected cases. One of the District Nurses was notified as suffering from Enteric Fever on the 5th April, and on the 6th April a



boy, aged five years, was notified and removed to hospital from No. 1 Mc.Garry's Buildings. It was ascertained that a brother of this boy, aged ten years, had been ill and that the Nurse had been visiting him at Mc.Garry's Buildings for several weeks, though his illness had never been diagnosed as Enteric Fever. The diagnosis in the case of the Nurse was verified bacteriologically as well as that of the boy removed to hospital. At the end of September and beginning of October five cases were notified at James Place, Bardy Lane. The source of infection in this instance seems to have been a child which had been ill for some weeks before with what used to be spoken of as Infantile Remittent Fever. The child seemed ill with diarrhoea and feverishness for a day or two, then it would recover and appear quite well, only to have another similar attack in a few days. These cases in very young children being really ambulant cases of Enteric Fever are extremely apt to escape diagnosis, even if seen from time to time by the doctor. In the intervals between the attacks the child is often well enough to run about and go into other houses in the immediate neighbourhood, as this child had done, and is even more likely to communicate the disease to those with whom it comes in contact than a grown up person, owing to its being promiscuously nursed and played with.

Of the two patients nursed at home one, the district nurse, recovered, the other a man aged fifty who was certified as properly isolated by the doctor who notified him, died. Of the ten removed to hospital nine recovered. One, a young woman who had been in delicate health before she contracted Enteric Fever, died. This was the only death in hospital during the year.

There were also admitted to hospital during the year five cases notified as Scarlet Fever but which turned out to be German Measles. They were kept apart for observation as the doctor who notified them had some doubt, and were not allowed to mix with other patients. The notifying doctor

concurred in the cancellation of the notification, but it was a wise precaution to have them isolated in the first instance.

I have already said there is the utmost readiness to be removed to hospital. The actual removal is supervised by the Sanitary Inspector in all cases. Immediately on the removal of the patients the rooms they have occupied and all articles liable to retain infection are disinfected. In the case of patients treated at home disinfectants are supplied, printed and verbal instructions are given, and at the termination of the case disinfection is carried out by the Sanitary Inspector in the same way as after removal to hospital. Whether the patient is treated at home or removed to hospital inquiries are made as to possible sources of infection either by personal contact, milk supply or other means, and careful inspection of the house and neighbourhood is carried out. Similar inquiries are made as regards cases of non-notifiable infectious disease though we have not the knowledge of all cases that is provided by notification. Measles has been the most prevalent of these diseases during the past year and it has never assumed an epidemic form. This is indeed what might have been expected considering the extent of the epidemic during 1912, referred to in my last Annual Report, in which I said that the disease was still very prevalent in the town at the end of the year. Cases continued to occur but in gradually decreasing numbers during the first half of 1913, but by July the disease had practically disappeared. Sixty-four cases had by this time been reported to me by the school teachers and attendance officer on the forms provided for the purpose. A few cases of Whooping Cough, Chicken Pox and Mumps were similarly reported, but none of these diseases attained any considerable prevalence.

At the end of the year the only case of notifiable infectious disease was one of Scarlet Fever in Bransty Hospital, and as far as could be ascertained the Borough was almost entirely free from the non-notifiable infectious diseases also.

Since the 1st February, 1913, "The Public Health (Tuberculosis) Regulations, 1912," have required the notification of all cases of Tuberculosis whether pulmonary or non-pulmonary, only cases of pulmonary Tuberculosis having been compulsorily notifiable before that date. Sixty-three cases of pulmonary and twenty-seven of other forms of Tuberculosis have been notified during the year. All the cases notified have been visited in the same way as cases under the Infectious Disease (Notification) Act, except that since the Regulations require that nothing shall be done that subjects the person notified to any restriction, prohibition, or disability affecting himself or his employment or occupation it is sometimes necessary to accept the assurance of the notifying practitioner that proper precautions are being taken. Printed instructions for the guidance of patients and those living with them have been prepared and are used as required. Visits are paid to see that no insanitary conditions likely to favour the spread of the disease are present in the house itself or its immediate neighbourhood. As I mentioned in my last Annual Report the unit area for administrative action in regard to the extensive provision for the treatment of Tuberculosis that is contemplated under the National Insurance Act, 1911, and the Order of the Local Government Board, is the county, and the duty of elaborating a scheme devolves upon the County Council. Some agreement has been arrived at between the County Insurance Committee and the County Council as to the provision of institutional treatment of Tuberculosis, but I understand that modifications are still to be made in the scheme proposed before it is carried into effect.

Systematic inspections have been made by the Sanitary Inspector and myself of all parts of the Borough during the past year as in previous years. These inspections are independent of and in addition to the special visits and inspections made in consequence of the occurrence of cases of infectious disease or the existence of nuisances in particular



places. One of the annexed tables gives a summary of the work done in the department of the Sanitary Inspector and shows the number and character of defects found, the number of statutory and informal notices served during the year, and the number of each complied with at the end of the year.

There are in the Borough eleven Registered Slaughter Houses. Ten are private, each of them used by the butcher who occupies it, one consists of twelve separate stalls which are let to different butchers as required.

All the slaughter houses are regularly visited by the Sanitary Inspector but it is quite impossible for him to visit them all at the time of killing, situated as they are in different parts of the town. A large proportion of the cattle are bought by the butchers at one or other of the local Auction Marts and are insured under a plan worked by the auction company. If therefore one of these insured animals is found on slaughtering to be unfit for human consumption the butcher promptly reports it to the Sanitary Inspector or myself. As I have often pointed out, however, animals of a bad or doubtful character may be bought elsewhere and slaughtered surreptitiously when there are so many slaughter houses.

Five whole carcasses of beef and portions of three others were condemned as unfit for human food during the year, but in each of these cases the animal was apparently healthy and had been openly bought at a fair price, and the butcher having nothing to lose by doing so, at once reported to us when he discovered the carcass to be unsound.

Other articles of food condemned as unfit for human consumption were twenty stones of codfish and three barrels of pears. These had gone bad in transit and were not allowed to be offered for sale.

There are twelve owners of dairy cattle in the Borough supplying milk to the public chiefly from milk carts.



The cattle are regularly inspected by the Veterinary Surgeon who reports on their condition to the Committee of the Council. The cowsheds are inspected by the Sanitary Inspector and myself, and have been found during the past year in a generally satisfactory condition. Seven notices requiring the limewashing of cowsheds were served during the year. There are no registered dairies or milk shops in the Borough apart from the dairies of the cowkeepers.

The four common lodging houses in the Borough have been regularly inspected during the year and found to be kept in a satisfactory condition.

The inspections made by the Sanitary Inspector, who is also the designated officer under the "Housing (Inspection of District) Regulations, 1910," have been continued during the past year on the plan originally adopted of going systematically through the houses diverging from the point at first selected.

It has however become quite clear that something more than this requires to be done. I pointed out in my Annual Report for 1912 that it was not so much the existence of houses which were in themselves unfit for human habitation that we had to deal with, but the deplorable overcrowding of houses on area, and said that, in my opinion, the only way to remedy this was to take the numerous courts one by one, removing houses which were "obstructive" and making such improvements and alterations in the remaining houses as they required; to attempt, in fact, "to restore the town to the condition in which it was before the building in back yards and gardens took place." This process necessarily reduces the number of available houses and imposes on the Town Council the obligation of providing houses to take the place of those demolished or absorbed. Everyone now admits that private enterprise has failed to meet the difficulty—not that private enterprise was ever expected to build houses to accommodate people turned out of houses unfit for human habitation, but

there had been some hope that if a sufficient number of rather better class houses was erected on the more open available sites there would be a gradual moving up, those able and willing to pay the rents demanded taking the new houses, leaving the houses they had vacated to be occupied by people who had previously lived in poorer houses, so that the worst of the houses might be closed and demolished without any portion of the population being left houseless, but this hope has been abandoned. In these circumstances it behoved the Town Council themselves to carry out their statutory and moral obligation to prohibit the occupation of houses that were unfit for human habitation. In order to do this they must provide more houses.

The course adopted is one that I think must commend itself to any one who knows the circumstances of the town. To pick out a house or two here and there, and close and demolish it would produce a maximum of inconvenience, and a minimum of improvement. An area was therefore selected which was one of the very worst for narrow, unhealthy courts, and for overcrowding of houses on area. The Borough Surveyor and myself made a thorough and minute inspection of every house and tenement in the courts in this area. The Surveyor prepared a plan showing every house and tenement that would have to be either demolished, or re-constructed. The re-construction in many cases meant that where a house originally fit for habitation had been divided into two, and sometimes three tenements that were absolutely unfit, the former condition must be restored. In all cases the plan showed exactly what required to be done in order that when it was completed every house would be reasonably fit for human habitation. It would not produce a garden city, it might not be a thing of beauty, but every house in the area would have either through ventilation or cross-ventilation, no house would be so hemmed in that it was deprived altogether of fresh air and sunlight, as so many are at present, and there would be

no chance for many years to come of any further demands being made on the owners of the property to make further improvements or alterations. The carrying out of this plan required the provision of some eighty houses in substitution for those that would be either demolished or lost as separate dwellings where two or three tenements became one house. A suitable site for the erection of these houses was selected and has received the sanction of the Local Government Board. It remains now to proceed with the building of the houses as expeditiously as may be, and as soon as they are ready for occupation to deal with the houses in the area planned out. No formal notices or representations as to the making of closing orders under the Housing, Town Planning, &c. Act. have been made during the year as these could serve no useful purpose in the meantime. As soon as provision is made for the people who will have to leave, the plan can be proceeded with, and a much needed improvement effected. I shall be surprised if some of the owners of the property in question are not like one I recollect who very bitterly opposed the Council when they took proceedings to compel him to improve his property. He thought the action of the Council a wicked persecution, his opinion of the Council's officers is not to be expressed, yet after he had done the work required, he confessed it had been the best investment he had ever made in his life.

The routine work done under the Act by the designated officer and myself in regard to other property during the year is shown in the accompanying Tables XII and XIII. Four hundred and seventy-nine houses have been inspected and two hundred and seventeen notices have been served. The number of notices complied with seems small but a large number have been partially complied with, or are in hand, only those being counted as complied with in which everything required by the notice has been fully carried out. Many of the notices were served late in the year and in many cases



one notice referred to several separate defects, some of which have been remedied but some remain, and these cases do not appear in the table as complied with. Recognising that sooner or later many of the courts will have to be dealt with in the way I have described, by demolition of some houses and re-construction of others, we have, as far as possible, abstained from including in these inspections houses in courts which are likely to be so affected. This explains why in Table XII there are no "representations made to the Local Authority with a view to the making of closing orders." The ninety-six houses and tenements in the area specially inspected by the surveyor and myself, which we considered unfit for human habitation, have not been so dealt with pending the erection of the new houses by the Town Council. Three houses in respect of which closing orders were made during 1912 have been put in a fit state for habitation during the year 1913. The number of defects discovered on inspection considerably exceeds the total number of houses inspected because several defects were often found in one house and each defect appears in the number of similar defects in the appropriate column of Table XIII.

Thirty-two newly erected houses, mostly of the better class of dwellings for workingmen, have been certified by the Borough Surveyor as fit for occupation during the year.

The duties imposed on the officers of the Town Council by the "Factory and Workshop Act, 1901," have been carried out as in previous years. Table XIV gives all the particulars required in the form asked for by the Home Office. The workshops have all been inspected during the year, as have also the workplaces and factories so far as they come under our notice. Three cases of want of cleanliness were discovered and remedied on notice being given to the person responsible. Four cases of unsufficient sanitary accommodation were also found and remedied on notice given.



Four notices were received during the year from H.M. Inspector of Factories of sanitary defects remediable under the Public Health Acts but not under the Factory and Workshop Act. In each case the requisite notice was served, the defect remedied and the result notified to the Inspector as required by the Act.

The number of workshops on the register at the end of the year was eighty-two, as compared with eighty-seven in the previous year, the total number of persons employed being three hundred and fifty-seven, or ten fewer than in the previous year.

The prescribed abstract of the Act was found affixed in all the workshops in which females were employed, as required by the Act.

The list of out-workers in certain trades, which employers are required by the Act to send to the Town Council twice in each year, are not sent as regularly as they ought to be. I have sent frequent reminders and supplied the employers with printed forms on which to send their lists, but still the lists are sent very irregularly or not sent at all.

I am, Gentlemen,

Yours obediently,

J. B. FISHER, M.D., D.P.H.,

Medical Officer of Health.

TABLE I.—BIRTHS IN BOROUGH IN 1913.

Number of Births.	Birth-rate per 1000 of population per annum.
549	28.59

COMPARISON WITH TEN PREVIOUS YEARS.

1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
34.31	33.69	30.74	30.74	29.09	31.21	30.8	31.26	30.45	29.63	28.59

TABLE II.—DEATHS AT ALL AGES.

Number of Deaths.	Death-rate per 1000 of population per annum.
323	16.82

COMPARISON WITH TEN PREVIOUS YEARS.

1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
19.09	20.1	17.7	18.46	17.75	19.43	20.55	18.83	18.95	16.49	16.82

TABLE III.—DEATHS UNDER ONE YEAR OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.	Infant Death-rate per 1000 Births registered.
70	3·65	127·5

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
Per 1000 of estimated Population.	5·33	5·07	4·45	4·76	3·67	4·5	4·71	4·04	4·88	3·51	3·65
Per 1000 Births Registered.	155·35	150·53	144·78	154·88	126·33	144·28	152·94	129·14	160·34	118·37	127·5

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.
114	5·94

## COMPARISON WITH TEN PREVIOUS YEARS.

1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
7·24	7·6	6·15	7·29	6·05	7·4	9·01	6·57	7·03	4·97	5·94

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 of population per annum.
93	4·84

## COMPARISON WITH TEN PREVIOUS YEARS.

1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
5·43	5·48	5·22	4·09	4·04	3·78	4·14	4·45	4·78	5·13	4·84

TABLE VI.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1913.

Smallpox	...	...	...	...	...	...	...	...	0
Measles...	...	...	...	...	...	...	...	...	10
Scarlet Fever	...	...	...	...	...	...	...	...	0
Diphtheria	...	...	...	...	...	...	...	...	0
Whooping Cough	...	...	...	...	...	...	...	...	0
Typhus Fever	...	...	...	...	...	...	...	...	0
Enteric Fever	...	...	...	...	...	...	...	...	2
Diarrhœa and Enteritis	...	...	...	...	...	...	...	...	14
Total Number of Zymotic Deaths	...	...	...	...	...	...	...	...	26
Zymotic Death-rate per 1000 of population per annum	...	...	...	...	...	...	...	...	1·35

## COMPARISON WITH TEN PREVIOUS YEARS.

1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913
1·55	2·38	1·96	2·12	1·55	1·6	3·99	1·6	2·05	0·99	1·35



TABLE VII.—OTHER CHIEF CAUSES OF DEATH  
IN 1913.

Phthisis	...	...	...	...	...	...	24
Tuberculous Meningitis	...	...	...	...	...	...	6
Other Tuberculous Diseases	...	...	...	...	...	...	11
Cancer—Malignant Disease	...	...	...	...	...	...	15
Rheumatic Fever	...	...	...	...	...	...	1
Organic Heart Disease	...	...	...	...	...	...	25
Bronchitis	...	...	...	...	...	...	51
Pneumonia (all forms)	...	...	...	...	...	...	9
Cirrhosis of Liver	...	...	...	...	...	...	4
Nephritis and Brights Disease	...	...	...	...	...	...	8
Congenital Malformations and debility	...	...	...	...	...	...	15
Premature Birth	...	...	...	...	...	...	9
Violent Deaths, excluding Suicide	...	...	...	...	...	...	21
Suicide	...	...	...	...	...	...	1
Other Diseases	...	...	...	...	...	...	97
							<hr/>
							297
Eight Zymotic Diseases, as above		...	...	...	...	...	26
							<hr/>
Total Deaths in 1913	...	...	...	...	...	...	323

TABLE VIII.—CASES OF INFECTIOUS DISEASE  
NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.								Total cases removed to Hospital.
	At all Ages.	At Ages.							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards	
Smallpox ... ..		...	...	...	...	...	...	...	...
Cholera ... ..		...	...	...	...	...	...	...	...
Plague ... ..		...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	1	...	1	...	...	...	...	...	...
Erysipelas ..	22	...	...	1	3	6	9	3	...
Scarlet Fever ...	16	...	2	14	...	...	...	...	15
Typhus Fever ...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	12	...	...	2	6	3	1	...	10
Relapsing Fever .	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	...	...	...	...	...	...	...	...	...
Cerebro-spinal Meningitis...	...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	63	...	15	16	10	18	4	...	...
Other forms of Tuberculosis ..	27	...	7	7	5	5	2	1	...
Totals ...	141	...	25	40	24	32	16	4	25

Bransty Hospital for Infectious Diseases is situated within the Borough, and provided by the Corporation. The Whitehaven Union Workhouse is also situated within the Borough.

TABLE IX.—VITAL STATISTICS OF BOROUGH DURING 1913 AND PREVIOUS YEARS.

Year.	Popula- tion estimat'd to Middle of each year.	Births.			Total Deaths Registered in the District.		†Transferable Deaths.		Nett Deaths belonging to the District.			
		Un- corrected No.	No. ‡	Rate.	No. *	Rate.	of Non- residn's regis- tered in the District	of Resi- dn'ts not regis- tered in the District	Under 1 Year of age.		At all Ages.	
									No. *	Rate per 1,000 Nett Births	No. *	Rate.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1908	19,320	603	603	31·21	391	20·24	18	..	87	144·28	373	19·43
1909	19,320	595	595	30·8	415	21·48	25	7	91	152·94	397	20·55
1910	19,320	604	604	31·26	391	20·24	34	5	78	129·14	362	18·83
1911	19,050	580	580	30·45	393	20·63	40	8	93	160·34	361	18·95
1912	19,100	566	566	29·63	342	17·91	39	12	67	118·37	315	16·49
1913	19,200	556	549	28·59	355	18·49	43	11	70	127·5	323	16·82

\* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under one year of age, included in the number given in Column 8, and by addition of the deaths under one year of age, included in the number given in Column 9.

† "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

‡ For Column 4 the Registrar-General will furnish to the Medical Officer of Health a Statement of the number of births needing to be added to or subtracted from the total supplied by the local Registrar.

Area of District in Acres	..	..	..	..	..	..	1,743	} At Census of 1911.
Total Population, at all ages	..	..	..	..	..	..	19,048	
Number of Inhabited House	..	..	..	..	..	..	3,959	
Average Number of Persons per house	..	..	..	..	..	..	4·88	

DURING YEAR 1913.

[illegible]



TABLE XI.—INFANTILE MORTALITY DURING  
THE YEAR 1913.

*Nett Deaths from Stated Causes at Various Ages under One Year of Age.*

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 Year.
All Causes	Certified	..	..	12	3	5	1	21	14	13	9	6	63
	Uncertified	.	.	4	..	..	..	4	1	1	1	..	7
Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Chickenpox	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	2	..	2
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis ( <i>not Tuberculous</i> )	..	..	..	..	..	..	..	..	..	..	..	1	1
Convulsions	..	..	..	3	..	..	1	4	3	4	5	..	16
Laryngitis	..	..	..	..	..	..	..	..	..	1	..	1	2
Bronchitis	..	..	..	..	..	..	..	..	..	2	1	2	5
Pneumonia (all forms)	..	..	..	..	..	..	..	..	1	1	..	1	3
Diarrhoea	..	..	..	..	..	1	..	1	1	1	1	1	5
Enteritis	..	..	..	..	..	..	..	..	2	2	1	..	5
Gastritis	..	..	..	1	..	..	..	1	..	..	..	..	1
Syphilis	..	..	..	..	..	..	..	..	1	..	..	..	1
Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying	..	..	..	..	..	1	..	1	..	..	..	..	1
Injury at Birth	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	1	..	..	..	1	..	..	..	..	1
Premature Birth	..	..	..	7	1	..	..	8	1	..	..	..	9
Atrophy, Debility, and Marasmus	..	..	..	4	2	3	..	9	5	..	..	..	14
Other causes	..	..	..	..	..	..	..	..	1	3	..	..	4
Total				16	3	5	1	25	15	14	10	6	70

Nett Births in the year :—Legitimate, 521 ; Illegitimate, 28.

Nett Deaths in the year :—Legitimate Infants, 64 ; Illegitimate Infants, 6.

TABLE XII.—INSPECTIONS UNDER THE HOUSING, TOWN PLANNING, &c.,  
ACT, 1909, DURING THE YEAR 1913.

Number of Dwelling-houses Inspected.	Number of Notices Served to Remedy Defects found on Inspection.	Number of Notices Complied with.	Number of Houses found Unfit for Human Habitation.	Number of Representations made to the Local Authority with a view to the making of Closing Orders.	Number of Closing Orders made.	Number of Houses put into a Fit State for Human Habitation after the making of Closing Orders.	Number of Houses Demolished
479	217	90	...	...	...	3	.

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TABLE XIII.—SHOWING THE NUMBER AND CHARACTER OF DEFECTS  
FOUND TO EXIST.

CLOSET ACCOMMODATION.				LIGHT AND VENTILATION.			Dampness from Defective Walls and Roofs.	Defective Down Spouts and Eaves Spouts.	Defective Floors and Stairs.	Defective Paving of Yards and Out-houses	Total.
Insufficient	In Bad Situation or not Ventilated.	Defective Re-construction.	Common Privies (converted into W.C.'s).	Detects of Drainage.	Windows Defective or Fixed.	Special Openings Required for Ventilation.					
16	67	45	2	66	333	41	31	6	10	30	647

TABLE XIV.—ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901, DURING THE YEAR 1913.

1.—INSPECTION OF FACTORIES, WORKSHOPS, AND WORKPLACES.

			NUMBER OF		
			Inspections.	Written Notices.	Prosecutions
Factories ...	...	...	8	...	...
Workshops	...	...	102	2	...
Workplaces	...	...	7	...	...
Total	...	...	117	2	Nil.

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS, AND WORKPLACES.

			Found.	Remedied	Referred to H.M. Inspector.	Prosecutions.
Want of Cleanliness	...	...	3	3	...	...
Other Nuisances	...	...	...	...	...	...
Want of Ventilation	...	...	...	...	...	...
Overcrowding	...	...	...	...	...	...
Want of Drainage of Floors	...	...	...	...	...	...
Sanitary Accommodation—						
Insufficient	...	...	3	3	...	...
Unsuitable or Defective	...	...	...	...	...	...
Not Separate for Sexes	.	.	1	1	...	...
Total	...	...	7	7	Nil.	Nil.

3.—HOME WORK.—OUTWORKERS' LISTS, SECTION 107.

Nature of Work.	LISTS RECEIVED FROM EMPLOYERS.				Inspections of Out- workers' premises.
	Sending twice in the year.		Sending once in the year.		
	Lists.	Outworkers.	Lists.	Outworkers.	
Making and Repairing of Wearing Apparel	4	8	2	2	16

TABLE XIV.—CONTINUED.

## 4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the Year.

Nature of Business.	No. of Work-shops.	Number of Persons employed.		
		Male.	Female	Total.
Dressmakers and Milliners ... ..	19	...	82	82
Bakehouses .. ...	10	6	34	40
Tailors .. ...	9	40	6	46
Joiners .. ...	5	13	...	13
Cloggers .. ...	8	21	...	21
Boot and Shoemakers ... ..	3	10	...	10
Dealers in Cycles and Motors ...	3	10	1	11
Braziers and Tinsmiths ... ..	1	2	...	2
Saddlers .. ...	2	14	8	22
Tallow Chandlers ... ..	2	6	...	6
Bacon Washer ... ..	1	2	...	2
Plumbers ... ..	8	45	...	45
Coach Builders ... ..	1	5	...	8
Aerated Water Maker ... ..	1	6	..	6
Hosier ... ..	1	...	1	2
Blacksmiths ... ..	2	6	.	6
Builder ... ..	1	21	...	21
Grease Manufacturer ... ..	1	3	...	3
Dye Works... ..	1	2	3	5
Upholsterers ... ..	2	2	2	4
Watch Maker ... ..	1	2	.	2
Total ... ..	82	219	138	357

## 5.—OTHER MATTERS.

CLASS.	Number
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Act. { Notified by H.M. Inspector	4
{ Reports of action taken sent to H.M. Inspector.	4



TABLE XV.—Showing the Number of Registered Workshops and of persons employed therein during each year since the “Factory and Workshop Act, 1901,” came into operation on 1st January, 1902.

Year.	No. of Workshops.	Number of Persons employed		
		Male.	Female.	Total.
1902	79	212	153	365
1903	83	202	126	328
1904	80	200	143	343
1905	75	156	138	294
1906	75	188	158	346
1907	82	206	142	348
1908	81	220	132	352
1909	85	261	148	409
1910	88	255	158	413
1911	87	265	138	403
1912	87	229	138	367
1913	82	219	138	357

# SUMMARY OF SANITARY INSPECTOR'S REPORT FOR 1913.

Defective Roofs and Walls causing Dampness	...	...	2
„ Rain Water Spouts	...	...	10
„ Water Supply (from Defective Connections)	...	...	9
„ Water Taps and Pipes (Wasting Water)	...	...	2
„ Gully Traps in Courts and Yards	...	...	9
„ and Choked Drains	...	...	43
„ Paving and Channelling in Courts and Yards	...	...	5
„ Sink Connections	...	...	9
Accumulations of Manure in connection with Stables, &c.	...	...	10
W.C.'s in Insanitary Condition (Fittings Defective, &c.)	...	...	104
Houses and Premises in Dirty and Insanitary Condition	...	...	36
Dwelling-houses Overcrowded	...	...	7
Notices for Lime-washing of Courts	...	...	20
„ „ Slaughter-houses	...	...	6
„ „ Cowsheds	...	...	7
„ „ Workshops	...	...	2
Miscellaneous Nuisances	...	...	77
Ships from Home and Foreign Ports Inspected	...	...	14
Unsound Meat Condemned (5 whole carcasses of Beef, portions of 3 carcasses)	...	...	8
Unsound Fish Condemned (20 stones Codfish)	...	...	
„ Fruit „ (3 barrels Pears)	...	...	
Number of Informal Notices served	...	...	196
„ „ „ complied with	...	...	194
Number of Statutory Notices served	...	...	23
„ „ „ complied with	...	...	21

WHITEHAVEN  
RURAL DISTRICT COUNCIL.



ANNUAL REPORT

OF

J. B. FISHER, M.D., D.P.H.,

MEDICAL OFFICER OF HEALTH.

WITH

TABULAR RETURNS OF MORTALITY, &C.,

FOR THE YEAR 1913.



WHITEHAVEN:

Printed by W. H. Moss & Sons Limited, 13, Lowther Street.

1914.





## To The Whitehaven Rural District Council.

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77, LOWTHER STREET,  
WHITEHAVEN,  
*19th February, 1914.*

GENTLEMEN,

The population of the Whitehaven Rural District at the Census of 1911 was found to be 14,147, an increase of 1,194 on the population of 12,953 at the Census of 1901. This relatively large increase had not been anticipated, so that for several years the birth and death-rates had been reckoned for the purposes of my Annual Reports on an underestimated population. In my Report for the year 1911, however, I not only calculated the rates for that year on the newly-ascertained population, but re-calculated the rates for the previous years, with which comparison is made in the accompanying tables. For my Report for 1912 an increased estimate was made, which was rather less than proportionate to the increase during the previous decennium, and considerably less than the actual excess of births over deaths in the interim appeared to justify. A similar course has been adopted in the present Report, and the population at the middle of 1913 has been estimated at 14,350, which is probably rather under than over the mark, and it is on this estimate that the comparisons with previous years in the accompanying tables are based.

The Births registered in and belonging to the District during the year 1913 numbered three hundred and sixty-six, which is equivalent to a birth-rate of 25.51 per thousand of estimated population per annum. This is 2.91 below the average of 28.42 for the preceding ten years. From Table I. it will be seen that, with the exception of the year 1906 when there was a temporary rise, the birth-rate has been steadily falling during these years. This unsatisfactory feature of our vital statistics is not peculiar to our District but is general throughout the country as a whole. Of the children born

during the year, one hundred and eighty-seven were boys and one hundred and seventy-nine girls. Twenty of the children born during the year were illegitimate, of whom nine were boys and eleven girls.

The total number of Deaths from all causes and at all ages registered in the District during the year was one hundred and seventy-one, giving a death-rate of 11.92 per thousand of population per annum. Nine of these deaths, however, were those of "non-residents," that is persons who were only temporarily resident in the Rural District at the time of their death and who had a fixed or usual residence in another district in England or Wales. These deaths have been transferred to the districts to which they belonged and will be reckoned amongst the deaths of those districts. On the other hand, eighteen deaths of persons usually resident in the Whitehaven Rural District occurred elsewhere and were registered in other districts. These must be added to the deaths actually registered in our District. The total number of deaths occurring in and belonging to the District during the year was therefore one hundred and eighty, which gives a death-rate of 12.54 per thousand of population per annum, which is 1.07 below the average of 13.61 for the ten preceding years.

The "corrected" death-rate for the District was in reality somewhat lower than that stated, because the age and sex distribution of the population is in this, as in most rural districts, such as to lead to an overstating of the death-rate as compared with that of England and Wales. This is owing to the fact that a considerable number of young men, amongst whom the death-rate is low, are constantly emigrating from rural districts to towns, leaving a disproportionate number of children and elderly people amongst whom the death-rate is naturally high. The factor for correction, as supplied by the Registrar General for the Whitehaven Rural District, is .9963, which gives the general death-rate for the District, after making allowance for difference of age and sex distribution, comparable with that of England and Wales, as 12.49 per thousand of population per annum.

Of infants under one year of age there were thirty-nine deaths during the year, giving an infantile death-rate of 2.72 per thousand of population per annum, or 0.57 below the average of 3.29 for the ten preceding years. The more satisfactory method, however, of estimating the infant death-rate is per thousand births registered, and as the births during the year numbered three hundred and sixty-six the infant death-rate was 106.56 per thousand births, which is 9.79 below the average of 116.35 for the ten preceding years.

The number of legitimate births during the year was three hundred and forty-six, and the number of deaths of legitimate infants thirty-five, giving a death-rate of 101.15 per thousand births.

There were twenty illegitimate infants born and four died, giving a death-rate of 200 per thousand births.

Thirteen deaths of children between one and five years of age were registered during the year, making with the thirty-nine infant deaths before-mentioned a total of fifty-two deaths of children under five years of age, which is equivalent to a death-rate of 3.62 per thousand of population, and is 1.07 below the average of 4.69 for the ten preceding years.

There were fifty deaths of persons over sixty-five years of age, giving a senile death-rate of 3.48 per thousand of population per annum, which is 0.74 below the average of 4.22 for the previous ten years.

From the eight principal zymotic diseases enumerated in Table VI. thirteen deaths occurred during the year, giving a zymotic death-rate of 0.91 per thousand of population per annum, which is 0.1 below the average of 1.01 for the preceding ten years. Nine of these deaths were due to Measles, one to Diphtheria, and three to Diarrhœa and Enteritis.

These figures would be satisfactory since they show the general death-rate, the infant death-rate whether reckoned on population or per 1,000 births, the juvenile and the zymotic



death-rate to be below the average of preceding years, were it not that the birth-rate is also lower and to a greater proportionate extent.

There were notified under the provisions of the " Infectious Disease (Notification) Act " during the year one hundred and eighteen cases, compared with an average of ninety per year for the twenty-three previous years during which the Act has been in operation. Eighty-four of these were notifications of Scarlet Fever, twelve of Diphtheria, one of Puerperal Fever, and twenty-one of Erysipelas. The ages of the patients notified as suffering from each of these diseases and the number removed to hospital are shown in Table XI., the parishes in which the cases occurred in Table XII., and the number of cases notified during each month of the year in Table XIV. Table XIII. shows the number of cases notified during each of the twenty three preceding years.

It will be seen that Scarlet Fever occupies the premier place in point of numbers during the year 1913 as in all previous years, and that the largest number of cases occurred during the months of September and October, and in the parishes of Distington and Lamplugh. During the first eight months of the year there had been no unusual prevalence of the disease. Twenty cases in all had been notified in the entire district during this period, two or three cases per month, distributed over seven parishes. Eighteen of these twenty cases had been removed to the Galemire Hospital for Infectious Diseases, the usual disinfection of the rooms the patients had occupied and of articles liable to retain infection had been carried out, and no extension of the disease had occurred. The two remaining cases had been adequately isolated at their own homes and disinfection had been carried out by the Sanitary Inspector on the recovery of the patients in the same manner as after removal to hospital. These two cases occurred in March and April. The last of the twenty cases mentioned as notified during the first eight months of the year was notified on the 19th August and removed to hospital.

No case of infectious disease of any kind was notified in the district from the 19th August until the 19th September.



From the latter date until the 31st October sixty cases of Scarlet Fever were notified. Forty of these cases occurred at Pica, in the parish of Distington, and twenty in other parts of the district, but as I shall explain later on, ten at least of these twenty cases could be distinctly traced to infection from Pica. Fifty cases, therefore, may be ascribed to Pica. The ten remaining cases were distributed over seven separate parishes, no more than two cases occurring in any one parish, and these may be regarded as sporadic cases unconnected with the epidemic at Pica. The outbreak at Pica constituted the unusual prevalence of Scarlet Fever in the Rural District at this time, and this outbreak dates from the 19th September. On that date a child, aged five years, was notified. The dates of subsequent notifications and the number of cases notified on each date were as follows :—

On September	22nd	...	...	5 cases.
„	24th	...	...	3 „
„	26th	...	...	4 „
„	27th	...	...	1 „
„	29th	...	...	1 „
On October	7th	...	...	3 „
„	9th	...	...	3 „
„	10th	...	...	1 „
„	12th	...	...	2 „
„	13th	...	...	3 „
„	17th	...	...	8 „
„	22nd	...	...	1 „
„	25th	...	...	1 „
„	27th	...	...	2 „
„	31st	...	...	1 „
<hr/>				
Total Cases at Pica	...			40

On September 29th a child, aged 7 years, was notified at Crossgates, in the parish of Lamplugh, where there were subsequently notified on October 2nd ... 1 Case.

„	10th	...	3 „
„	15th	...	1 „
„	27th	...	3 „

---

Total Cases at Crossgates 9

On investigation it was discovered that a few days before the cases occurred at Crossgates a mother and her child from Pica had spent a night at the house of a friend at Crossgates and visited several other friends residing there. This child was observed to have a rash whilst at Crossgates, and on her return to Pica was seen by the doctor and notified as suffering from Scarlet Fever. On October 14th a young woman in service at Sandwith was notified as suffering from Scarlet Fever and removed to hospital. She had recently visited her home at Pica, and her sister was notified at Pica a few days afterwards. The nine cases at Crossgates and this one at Sandwith may fairly be ascribed to infection from Pica. The houses at Pica are built in long rows and occupied by men employed in the adjacent colliery, forming a little community with similar interests, occupation and pursuits. As usual in such cases, the families, especially the children, are constantly going in and out of each other's houses. When sickness occurs in a household it would be considered unneighbourly not to visit the afflicted family. Even when the illness has been pronounced by the doctor to be of an infectious character the manifestation of this neighbourly feeling can with difficulty be repressed, and people having families of their own will persist in going surreptitiously to offer their sympathy and assistance in spite of repeated warnings. The difficulties were increased in the instance under consideration by the simultaneous occurrence of German Measles, which was at the time extremely prevalent at Pica as well as elsewhere in the district. Many of these cases were very mild and the patients soon appeared to be quite well, and in these circumstances people are prone to neglect the doctor's warning. The simultaneous occurrence of the two diseases may also in some measure increase the difficulty of early diagnosis in slight cases where the rash is indistinct or evanescent and the other signs and symptoms indefinite. It is the usual practice in our district to remove to hospital all cases that can not be adequately isolated at their own homes or where there is reason to suspect that proper care will not be exercised throughout the whole course of illness and convalescence. All the cases notified at Pica and Crossgates were at once removed to Galemire Hospital until the 13th October, when an intimation was received

that the available accommodation was practically exhausted and that only three or four specially urgent cases could be admitted until some of the patients already in hospital had been discharged. From the 19th September to the 13th October thirty-seven cases were removed to hospital. During the remainder of October only two cases were removed as specially urgent, on account of the patients being servants in farm houses. After the removal, the rooms the patients had occupied, and all articles liable to retain infection, were disinfected by the Sanitary Inspector, disinfectants were gratuitously supplied and verbal and printed instructions given as to their use and as to the general precautions necessary in all cases of Scarlet Fever. I personally visited many of the cases in consultation with the doctor in attendance, as well as making separate investigations, and generally supervising the precautionary measures taken. In addition to the printed instructions which are supplied in all cases where Scarlet Fever has occurred, I caused to be distributed from house to house printed notices setting forth the penalties incurred by anyone who exposes in a public place infected persons or infected articles without previous disinfection, and warning people of the danger of visiting houses in which cases have occurred. Dyon School, which is attended by the children from Pica, was closed.

The age distribution of the cases in this outbreak was rather unusual. Cases occurred at every year of age from two to twenty-two, the number of cases for each successive year of age being 1, 5, 1, 4, 5, 4, 6, 3, 6, 2, 2, 3, 3, 2, 1, 2, 4, 2, 1, 2, 1.

The possibility of the existence of "missed cases" was steadily kept in view, and I made many examinations with the object of detecting any that might have occurred, but only in one instance, at a late period of the epidemic (October 15th) was one boy found to be desquamating who had not previously been notified.

Milk infection was also excluded as a possible factor in the causation of the outbreak.



The epidemic ceased at the end of October.

Two cases of Scarlet Fever were notified during November and two in December, in different parts of the district. The two former, which were isolated at their own homes, had recovered, and the necessary disinfection had been carried out by the Sanitary Inspector, but the two cases notified in December were still under treatment in Galemire Hospital at the end of the year.

Twelve cases of Diphtheria (including one notified as Membranous Croup) occurred in the district during the year. Five of these were of a sporadic character and occurred in different parts of the district. One was removed to hospital as it could not be adequately isolated at home. Seven cases occurred at Crossgates, Lamplugh, in April. The first three of these were notified simultaneously, the earliest case having been so mild in its onset that the nature of the disease was not suspected until the others falling ill medical advice was obtained, and it was found that all three were suffering from Diphtheria. The four remaining patients were notified a few days later, having evidently been infected by those first attacked before the disease was recognised.

One fatal case of Puerperal Fever occurred during the year but was not associated with any insanitary conditions in the neighbourhood in which it occurred.

The administration of the Midwives' Act is in the hands of the County Council.

Twenty-one cases of Erysipelas were notified during the year.

Under the "Public Health (Tuberculosis) Regulations, 1912," there were notified during the year thirty-two cases of Pulmonary and nine of other forms of Tuberculosis. In all notified cases printed instructions of the precautions necessary for the avoidance of infection are sent, and visits are paid to see that no insanitary conditions which could favour the spread of the disease are present in the house itself or its immediate neighbourhood, except when the notifying prac-



itioner is able to say that such visits are not necessary or desirable. In such cases his assurance is accepted because the Regulations forbid any action that would entail any restriction, prohibition or disability affecting the patient or his employment. In this connection I referred in my last Annual Report to the unnecessary annoyance caused to persons notified by the absence of numbers to the houses in Distinguon. Owing to the absence of numbers by which the houses could be identified, the officer visiting the place to make an inspection had to make enquiries of neighbours to find the residence of the person notified. These enquiries gave rise to much curiosity and surmise as to the object of his visit, which could not fail to be a source of great annoyance to the patient in many cases. In consequence of my report, application was made by the Rural District Council to the Local Government Board for the necessary authority to have the houses numbered. The Board gave their approval in April, 1913, and made an Order investing the Council with urban powers for the purpose of enabling them to have the streets named and houses numbered in the parish of Distinguon. The naming and numbering has now been carried out and will be a great convenience.

I also mentioned in my last Report that under the National Insurance Act, 1911, it was intended to make extensive provision for the treatment of Tuberculosis, and that the duty of elaborating a definite scheme devolved upon the County Council. Several schemes have been under consideration during the year and an agreement has been arrived at between the Insurance Committee and the County Council as to the provision of Institutional Treatment of Tuberculosis in the County, but I understand that the published scheme is to be considerably modified before being carried into effect.

Of non-notifiable infectious diseases the most prevalent during the year were Measles, German Measles and Mumps. In January it was found desirable to close the schools at Moresby and Calderbridge on account of Measles, and at Sandwith where both Measles and Mumps were prevalent. In February the Infant School at Parton was closed on account of Measles.

I have already referred to the closure of Dyon School on account of the epidemic of Scarlet Fever and German Measles at Pica. The Parochial School at Lamplugh and the school at Hensingham were closed during October on account of the prevalence of German Measles. Distington Infant School was closed in November on account of Measles. None of these was a compulsory closing by the Rural District Council on the advice of their Medical Officer of Health. The closure was in all cases voluntary on the part of the Managers, who acted on the advice either of the School Medical Officer or on my advice, under the arrangement by which the District Medical Officer of Health acts in such cases in recommending the closure on behalf of the School Medical Officer in the interests of the school.

All the villages and populous portions of our District are now supplied with water from piped services. The following table shows in a concise form by whom the supply is undertaken for the different villages and hamlets, the parishes in which these are situated, and the source from which the water is derived in each case. It will be seen that the Rural District Council themselves undertake the supply in the majority of cases. Those in which the actual source of supply is in the hands of another Authority, from whom the Rural District Council purchase the water in bulk, are so specified in the table. In one case, at Pica, in the parish of Distington, the supply is not undertaken by a Local Authority but by the Moresby Coal Company, from whose shaft an ample supply of water is pumped for the supply of the houses which are occupied by workmen employed at the colliery. This water is somewhat hard, but of a high degree of organic purity, and is pumped up to a service reservoir, from which it is distributed by gravitation.

Parish.	Village or Hamlet.	Source of Supply.	By whom supplied.
St. Bees ...	St. Bees ...	Springs on Dent ...	R.D.C. who purchase the water in bulk.
Rottington ...	Rottington ...	" " ...	" " "
Sandwith ...	Sandwith ...	Ennerdale Lake ...	R.D.C. who purchase in bulk
Preston Quarter	Hut Bank and houses and works adjacent	" " ...	" " "
Hensingham ...	Hensingham and Keekle	" " ...	Whitehaven Town Council
Moresby ...	Scilly Banks ...	" " ...	" " "
	Moresby Parks ...	" " ...	" " "
	Howgate ...	Springs over Sandstone at the High, Moresby	R.D.C.
Parton ...	Parton ...	Ennerdale Lake ...	R.D.C. who purchase in bulk
Distington ...	Distington ...	Crummock Lake ...	Moresby Coal Co.
	Pica ...	Oatlands Pit ...	
Lamplugh ...	Kirkland ...	Springs from gravel over slate rock on Owsen Fell	R.D.C.
	Crossgates ...		R.D.C.
	Winder ...	Cogra Moss ...	Arledon & Frizington Urban District Council
Ennerdale and Kinniside	Ennerdale Bridge ...	Ennerdale Lake ...	Whitehaven Town Council
Salter and Eskett	Salter and Eskett ...	Cogra Moss ...	Egremont Urban District Council
Netherwasdale ...	Strands ...	Springs ...	R.D.C.
Gosforth ...	Gosforth, Hall Senna	Springs from gravel over volcanic rock in the valleys of Scale Beck, Peagill, and Bengarthgill in the hills above Gosforth	Whitehaven Rural District Council
Ponsonby ...	Ponsonby, Calder ...		" "
St. Bridget ...	Calderbridge, Blackbeck, and part of Beckermest		" "
St. John ...	Part of Beckermest, Low Mill, Cringlethwaite and Scurrigill		" "
Lowside Quarter	Low Mill, Braystones, Nethertown, Middletown, Coulderton		" "
Haile ...	Haile ...		" "

All the supplies are constant, the quantity abundant for the needs of the respective districts, and the quality good, the source of supply in each case being such as to secure the greatest possible freedom from the risk of organic contamination. None of the waters has any appreciable plumbo-solvent action.

In Table XVIII., which gives the number and character of defects found to exist in regard to houses inspected during the year, under the provisions of the Housing, Town Planning, &c., Act, 1909, it will be observed that there were in the parish of Gosforth sixty-one, and in the parish of St. Bridget, Beckermest, twenty-four houses, the water supply of which



was reported as defective. This is owing to the fact that the public supply of these places has only recently been laid on, and the private connections had not been made at the time of inspection. The proper notices were served on the owners, and many of the connections have since been made.

In previous Annual Reports I have referred to the necessity of providing a proper system of sewerage and sewage disposal in different parts of the district. Such systems already exist at Howgate, in the parish of Moresby, Kirkland in the parish of Lamplugh, Cringlethwaite and Scurrgill in the parish of St. John, Beckermet, at Parton, St. Bees, Hensingham, Keekle, Distington and Gilgarron. Plans have been prepared and submitted to the Local Government Board for the sewerage of the village of Beckermet and the hamlet of Low Mill. Plans and estimates were also prepared by the Surveyor for a sewerage system for Gosforth. There are special difficulties in this case, owing to the fact that the village extends to a great length and consists of several separate groups of houses with considerable unoccupied spaces intervening, thus necessitating in some parts a great length of sewer to which there are no connections and greatly increasing the relative cost of carrying out the work. The plans and estimates were carefully considered by the Committee to whom they were referred, and it was decided to postpone application to the Local Government Board in the meantime with a view to ascertaining whether or not it would be possible to devise a less comprehensive scheme, dealing in the first place with those portions of the village in which the need of sewerage is most urgent, leaving the more sparsely populated or isolated parts to be connected with the system, or separately dealt with, later on as opportunity occurred.

The hamlet of Middletown, in the parish of Lowside Quarter, has been dealt with in a manner that I hope will prove satisfactory. A meeting was arranged of the local owners of property and representatives and officials of the Rural District Council, the existing drainage arrangements and outfalls were examined and their defects pointed out. The owners undertook to remedy these defects and to make



certain alterations with the object of rendering the drainage more effective and preventing the occurrence of insanitary conditions, whilst on behalf of the Rural District Council the Surveyor agreed to give assistance and provide facilities for the carrying out of these improvements. The work required has now been done, and with proper attention on the part of the persons concerned ought to prevent the occurrence of further trouble.

In my Report for 1912 I referred to the village of Calderbridge as also standing in need of a system of sewerage. As soon as possible this village ought to be dealt with. In a district like this, in which there are so many small villages and hamlets, scattered at wide intervals, it is of course impossible that all should be undertaken at once, but it should be borne in mind that there are several others almost equally urgently in need of better drainage and sewerage arrangements than they have at present, and every endeavour should be made to expedite the works already in contemplation. Many of the places referred to, as for example Pica in the parish of Distington, Moresby Parks in that of Moresby, Winder Brow and Winder Gill in Lamplugh, and the village of Sandwith have now a supply of water laid on so that the need of proper drainage and sewerage works is the more urgent.

The arrangements for scavenging and removal of refuse have received considerable attention during the year from your Sanitary Inspector. This work is now undertaken by the Council at the following places, namely, Distington, Pica, Moresby Parks, Hensingham, Keekle, Parton, St. Bees, Kirkland, Cringlethwaite and Scurrgill.

There were during the year fifty-nine cowkeepers in the Rural District, supplying milk direct to the public, three more than in the previous year. In consequence of notices served by the Sanitary Inspector, twelve byres or cowsheds, on eight different farms, were improved during the year, by the laying down of new pavements, providing better drainage, putting in new windows and ventilators, and the provision of increased air-space for the cattle. The cowsheds have been inspected

by the Sanitary Inspector and myself during the year and found to be in a generally clean and satisfactory sanitary condition. There are no registered dairies or milkshops in the district apart from the places where the dairy cattle are kept.

There is no public slaughter-house in the district. The private slaughter-houses have been inspected during the year by the Sanitary Inspector and myself, but not specially at the time of killing. No diseased or unsound carcasses were found during the year.

There is at present no registered common lodging-house in the district.

The whole of the district has been systematically inspected by the Sanitary Inspector and myself during the year, apart from the special inspections necessitated by outbreaks of infectious disease or other causes. Fifty-six written notices for the abatement of nuisances discovered during these inspections have been served during the year, as well as a large number of verbal notices given to the persons responsible at the time of the inspection, and most of these have been complied with. In many cases in which the ordinary notice for the abatement of nuisances seemed to necessitate structural alterations the opportunity has been taken to serve the more comprehensive notice under the Housing, Town Planning, &c., Act, after submitting the detailed report of the condition of the premises to the Committee who deal with reports under this Act.

With the exception of individual cases such as I have mentioned in the last paragraph, where there is a special reason to report on a particular property, the inspections under the Housing, Town Planning, &c., Act, 1909, have been continued as described in my previous reports. A certain area is taken, such as a village or part of a village, or a portion of a parish where the houses are scattered, and all the houses in this area are inspected. The records of the inspections are

submitted to the Committee appointed for the purpose, and this Committee report their proceedings to the Council at their ordinary meetings.

Five hundred and seventy-six houses, situated in fourteen different parishes, were inspected during the year. Notices to remedy one or more defects were served in regard to four hundred and ninety-six of the houses inspected. Two hundred and fourteen of these notices had been complied with, and two hundred and seventy-eight had not been fully complied with at the end of the year. In many of these last-mentioned cases, however, the notice had referred to more than one defect and the necessary work was in hand, though not completed at the end of the year. Some had only recently been served, so that time had not permitted of their being complied with.

No Closing Orders were made during the year. Four houses were voluntarily closed by the owners on receiving notice of defects. Two Closing Orders, made in 1912, were determined during 1913, the houses having been rendered fit for human habitation to the satisfaction of the Council.

The number of houses inspected in the different parishes during the year, the number of notices served, and the result of the service of such notices are shown in Table XVI.

Table XVII. gives the total number of houses inspected in the different parishes since the Act came into force, the number of notices served, and the result up to the end of the year 1913.

The number and character of the defects found to exist in the houses inspected during 1913 are shown in Table XVIII.

The number of Workshops registered during the year was forty-two, being two more than in the previous year, one dressmaker's and one shoemaker's workshop having been discontinued, whilst one joiner's, one painter's, one confectioner's,

and one plumber's workshop have been added. There were ninety-three males and twenty-four females employed in these workshops. The number employed in each kind of work is shown in Table XV., as well as the number of workshops in which the different trades are carried on. Seventy-nine inspections of workshops were made by the Sanitary Inspector and myself during the year, the premises being found to be in a satisfactory condition as regards cleanliness, air-space and ventilation. The Abstract of the Act was found to be affixed, as required by the Act, in all workshops in which females were employed. No matter was referred to us by H.M. Inspector of Factories as requiring remedying under the Public Health Acts during the year. The few slight defects observed during our inspections were remedied on our calling the attention of the occupiers to them at the time.

There are no "underground bakehouses" and no "out-workers" as defined by the Act in the District.

I am, Gentlemen,

Yours obediently,

J. B. FISHER,

*Medical Officer of Health.*



TABLE I.—BIRTHS.

Number of Births.	Birth-rate per 1000 per annum.
366	25·51

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 per ann.	30·23	29·92	29·15	32·24	26·57	27·3	27·94	27·57	27·07	26·25	25·51

TABLE II.—DEATHS AT ALL AGES.

Number of Deaths.	Death-rate per 1000 per annum.
180	12·54

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 per ann.	13·31	13·92	14·69	12·91	13·36	12·92	13·79	13	14·63	13·61	12·54

TABLE III.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Number of Deaths.	Death-rate.	
	Per 1000 of Population.	Per 1000 Births Registered.
39	2·72	106·56

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 of pop.	3·31	3·23	3·53	2·84	3·54	2·48	3·03	3·21	4·24	3·44	2·72
Per 1000 Births Regd.	109·13	107·96	121·37	87·96	133·33	91	108·53	116·58	156·66	131·02	106·56

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 per annum.
52	3.62

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 per ann.	4.15	4.77	5.53	4.38	4.69	3.85	5.38	4.31	5.02	4.77	3.62

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Number of Deaths.	Death-rate per 1000 per annum.
50	3.48

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 per ann.	3.92	4.46	3.38	4.15	3.85	3.92	5.23	4.23	5.02	4	3.48

TABLE VI.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1913.

Smallpox ...	...	...	...	...	...	...	...	...	...	0
Measles ...	...	...	...	...	...	...	...	...	...	9
Scarlet Fever ...	...	...	...	...	...	...	...	...	...	0
Whooping Cough ...	...	...	...	...	...	...	...	...	...	0
Typhus Fever ...	...	...	...	...	...	...	...	...	...	0
Typhoid (Enteric) Fever ...	...	...	...	...	...	...	...	...	...	0
Diphtheria (including Membranous Croup) ...	...	...	...	...	...	...	...	...	...	1
Diarrhoea and Enteritis ...	...	...	...	...	...	...	...	...	...	3
Total ...	...	...	...	...	...	...	...	...	...	13
Zymotic Death-rate per 1000 per annum ...	...	...	...	...	...	...	...	...	...	0.91

## COMPARISON WITH TEN PREVIOUS YEARS.

	1903.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
Per 1000 per ann.	0.46	0.84	1.53	1	0.61	1.15	1.62	0.31	1.06	1.47	0.91

TABLE VII.—SHOWING CHIEF OTHER CAUSES OF  
DEATH IN 1913.

Rheumatic Fever	...	...	...	...	...	1
Organic Heart Disease		...	...	...	...	20
Phthisis	...	...	...	...	...	7
Tubercular Meningitis		...	...	...	...	3
Cancer, Malignant Disease	...	...	...	...	...	16
Bronchitis	...	...	...	...	...	20
Pneumonia (all forms)		...	...	...	...	10
Nephritis and Bright's Disease			...	...	...	5
Accidents	...	...	...	...	...	6
Suicide	...	...	...	...	...	2
Congenital Defects and Premature Birth				...	...	16
All other causes	...	...	...	...	...	61
						<hr/> 167
Eight Zymotic Diseases, as above	...				...	13
						<hr/>
Total Deaths in 1913 (Nett)	...				...	180

TABLE VIII.—VITAL STATISTICS OF WHITEHAVEN RURAL DISTRICT DURING 1913 AND PREVIOUS YEARS.

Year.	Popula- tion estimat'd to Middle of each Year.	Births.			Total Deaths Registered in the District.		Transferable Deaths.†		Nett Deaths belonging to the District.			
		Un- cor- rected No.	Nett.		No. *	Rate.	of Non- resid'nts regis- tered in the District.	of Resi- dents not regis- tered in the District.	Under 1 Year of Age.		At all Ages.	
			No.	Rate.					No. *	Rate per 1,000 Nett Births.	No. *	Rate.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.
1908.	13,700	374	374	27·3	173	12·63	1	5	34	91	177	12·92
1909.	13,850	387	387	27·94	179	12·92	...	12	42	108·53	191	13·79
1910.	14,000	386	386	27·57	182	13	3	3	45	116·58	182	13
1911.	14,150	383	383	27·07	193	13·64	5	19	60	156·66	207	14·63
1912.	14,250	375	374	26·25	191	13·4	10	13	49	131·02	194	13·61
1913.	14,350	364	366	25·51	171	11·92	9	18	39	106·56	180	12·54

\*In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8, and by addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under one year of age, included in the number given in Column 8, and by addition of the deaths under one year of age included in the number given in Column 9.

†“Transferable deaths” are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

Area of District in Acres	...	...	...	..	...	..	74,402
Total Population, at all ages	...	...	...	..	...	...	14,147
Number of Inhabited Houses	..	...	..	...	...	...	2,766
Average Number of Persons per house	...	...	...	...	...	...	5·11

At  
Census  
1911.



TABLE IX.—CAUSES OF, AND AGES AT, DEATH  
DURING THE YEAR 1913.

Causes of Death.				Nett Deaths at the subjoined Ages of "Residents," whether occurring within or without the District.									
				All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and upwards.	Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
I	2	3	4	5	6	7	8	9	10	II			
All Causes—Certified ...	172	37	4	9	6	12	15	42	47	I			
Uncertified ...	8	2	...	...	...	...	I	2	3	...			
Enteric Fever ... ..	...	...	...	...	.	...	...	...	...	...			
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...			
Measles ... ..	9	2	2	4	I	...	...	...	...	..			
Scarlet Fever ... ..	...	...	..	...	...	...	...	...	...	...			
Whooping Cough ... ..	...	...	...	...	...	...	...	...	..	...			
Diphtheria and Croup...	I	...	...	...	I	...	..	...	...	I			
Influenza ... ..	2	...	...	...	...	...	...	2	...	...			
Erysipelas .. ..	...	...	..	...	.	...	...	...	...	...			
Phthisis (Pulmonary Tuberculosis) ... ..	7	...	...	..	...	2	5	...	...	...			
Tuberculous Meningitis ... ..	3	...	I	I	I	...	...	..	...	...			
Other Tuberculous Diseases ... ..	...	...	...	...	...	...	...	...	...	..			
Cancer, Malignant Disease ... ..	16	...	...	...	...	...	I	10	5	...			
Rheumatic Fever ... ..	I	...	...	...	..	I	...	...	...	...			
Meningitis ... ..	4	...	...	...	I	2	...	I	...	...			
Organic Heart Disease...	20	...	...	...	I	2	2	8	7	...			
Bronchitis ... ..	20	5	...	I	I	...	...	6	7	...			
Pneumonia (all forms) ... ..	10	3	...	2	...	...	2	I	2	...			
Other Diseases of Respiratory Organs .. ..	..	...	...	...	...	...	...	...	...	..			
Diarrhoea and Enteritis ... ..	3	3	...	...	...	...	...	...	...	...			
Appendicitis and Typhlitis ... ..	3	...	...	...	...	2	...	I	...	...			
Cirrhosis of Liver ... ..	I	..	...	...	...	...	...	I	...	...			
Alcoholism ... ..	...	...	...	...	...	..	...	...	..	...			
Nephritis and Bright's Disease	5	...	...	I	...	...	I	3	...	...			
Puerperal Fever .. ..	I	...	...	...	...	I	...	...	..	...			
Other Accidents and Diseases of Pregnancy and Parturition	I	...	...	..	...	...	I	.	...	...			
Congenital Debility and Malformation, including Premature Birth ... ..	16	16	...	...	...	...	...	...	...	...			
Violent Deaths, excluding Suicide ... ..	6	...	...	..	...	I	2	2	I	...			
Suicides ... ..	2	...	...	...	...	...	...	I	I	...			
Other Defined Diseases ... ..	33	10	I	..	...	I	2	8	11	...			
Diseases ill-defined or unknown	16	...	...	...	...	...	...	...	16	..			
Totals ... ..	180	39	4	9	6	12	16	44	50	I			

TABLE X.—INFANTILE MORTALITY DURING  
THE YEAR 1913.

Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
All Causes—Certified ...	9	1	2	4	16	9	9	3	..	37
Uncertified..	...	...	1	..	1	..	..	1	..	2
Smallpox ... ..	...	...	...	...	...	...	...	...	...	...
Chicken-pox ... ..	...	...	...	...	...	...	...	...	...	...
Measles ... ..	...	...	...	...	...	...	1	1	...	2
Scarlet Fever ... ..	...	...	...	...	...	...	...	...	...	...
Whooping Cough ... ..	...	...	...	...	...	...	...	...	...	...
Diphtheria and Croup ... ..	...	...	...	...	..	...	...	...	...	...
Erysipelas .. ..	...	...	...	..	...	...	...	...	...	..
Tuberculous Meningitis ... ..	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis ... ..	...	...	...	...	..	...	...	...	...	...
Other Tuberculous Diseases .. ..	...	...	...	...	...	...	...	...	...	...
Meningitis ( <i>not Tuberculous</i> ) .. ..	...	...	...	..	...	...	...	...	...	...
Convulsions ... ..	...	1	1	...	2	2	3	...	...	7
Laryngitis ... ..	...	...	...	...	...	...	...	...	...	...
Bronchitis ... ..	...	...	...	1	1	1	..	3	...	5
Pneumonia (all forms) ... ..	...	...	..	..	...	...	3	...	...	3
Diarrhoea ... ..	...	...	..	...	...	1	1	...	...	2
Enteritis ... ..	...	...	..	...	...	1	...	...	...	1
Gastritis ... ..	...	...	..	...	...	...	..	...	...	...
Syphilis ... ..	...	...	...	...	...	...	...	...	...	...
Rickets ... ..	...	...	...	...	..	...	...	...	...	...
Suffocation, overlying ... ..	...	...	...	..	...	...	...	...	...	...
Injny at Birth ... ..	...	...	...	...	...	..	...	...	...	...
Atelectasis ... ..	...	...	...	..	...	...	...	...	...	...
Congenital Malformations .. ..	1	...	..	...	1	1	...	...	...	2
Premature Birth ... ..	2	...	2	2	6	...	...	...	...	6
Atrophy, Debility, & Marasmus	5	..	...	1	6	2	...	...	...	8
Other causes ... ..	1	...	...	...	1	1	1	..	...	3
Totals ... ..	9	1	3	4	17	9	9	4	...	39

Nett Births in the year :—Legitimate, 346 : Illegitimate, 20.

Nett Deaths in the year of—Legitimate Infants, 35 : Illegitimate Infants, 4.

TABLE XI.—CASES OF INFECTIOUS DISEASE  
NOTIFIED DURING THE YEAR 1913.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and up-wards.	
Smallpox ... ..	...	...	...	...	...	...	...	...	...
Cholera ... ..	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup	12	...	...	8	1	2	1		1
Erysipelas ... ..	21	...	...	4	2	8	5	2	...
Scarlet Fever ... ..	84	...	13	51	20	...	...	...	59
Typhus Fever ... ..	...	...	...	...	...	...	...	...	...
Enteric Fever ... ..	...	...	...	...	...	...	...	...	...
Relapsing Fever ... ..	...	...	...	...	...	...	...	...	...
Continued Fever ... ..	...	...	...	...	...	...	...	...	...
Puerperal Fever ... ..	1	...	...	...	1	...	...	...	...
Cerebro-spinal Meningitis	...	...	...	...	...	...	...	...	...
Poliomyelitis ... ..	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	32	...	...	8	6	12	6	...	...
Other forms of Tuberculosis	9	...	2	3	1	1	1	1	...
Totals ... ..	159	...	15	74	31	23	13	3	60

Galemire Hospital for Infectious Diseases is situated within the Whitehaven Rural District and provided by the Whitehaven Rural District Council and the Urban District Councils of Egremont, Harrington, Cleator Moor, and Arlecdon and Frizington jointly.

Total available beds, 39. Number of diseases that can be concurrently treated, 5.

TABLE XII.—SHEWING THE DISTRIBUTION OF CASES OF  
INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1913.

PARISH.	Under Infectious Disease (Notification) Act.					Under Tuberculosis Order.		Number of Cases Removed to Hospital.		
	Scarlet Fever.	Diphtheria.	Erysipelas	Puerperal Fever.	Total.	Pulmonary.	Other Forms	Scarlet Fever.	Diphtheria.	Total.
Distington ... ..	55	...	5	...	60	13	1	41	...	41
Ennerdale & Kinniside	3	3	...	...	6	...	1	2	...	2
Hensingham ... ..	6	1	...	...	7	4	2	4	...	4
Lamplugh ... ..	12	7	3	...	22	4	1	6	...	6
Lowside Quarter ... ..	...	...	1	...	1	...	...	...	...	...
Moresby ... ..	1	...	1	...	2	3	1	1	...	1
Parton ... ..	1	...	1	...	2	1	...	1	...	1
Ponsonby ... ..	...	...	...	...	...	1	...	...	...	...
Preston Quarter ... ..	2	...	...	...	2	...	...	...	...	...
Sandwith ... ..	2	...	...	...	2	1	...	2	...	2
St. Bees ... ..	1	...	7	...	8	1	3	1	...	1
St. Bridget ... ..	...	1	...	1	2	1	...	...	1	1
St. John ... ..	1	...	3	...	4	3	...	1	...	1
Total ... ..	84	12	21	1	118	39	9	59	1	60

TABLE XIII.—CASES OF INFECTIOUS DISEASE NOTIFIED UNDER THE PROVISIONS OF THE INFECTIOUS DISEASE (NOTIFICATION) ACT DURING EACH YEAR SINCE THE ACT CAME INTO FORCE IN DECEMBER, 1889.

Year.	Small-pox.	Scarlet Fever.	Diphtheria.	Membranous Croup.	Enteric Fever.	Continued Fever.	Puerperal Fever.	Erysipelas.	Polio-myelitis.	Total.
1890	...	81	8	...	4	2	2	1	...	98
1891	...	85	1	...	4	1	...	3	...	94
1892	...	25	...	...	...	2	...	7	...	34
1893	...	72	...	...	3	...	1	3	..	79
1894	1	107	...	...	...	...	...	3	...	111
1895	...	49	...	...	2	1	...	10	...	62
1896	...	154	2	3	1	1	...	9	...	170
1897	...	88	1	2	5	...	1	7	...	104
1898	...	88	4	1	5	...	...	10	...	108
1899	...	41	9	2	3	...	...	16	...	71
1900	...	22	3	...	2	...	...	5	...	32
1901	...	22	1	1	2	...	...	10	...	36
1902	...	65	2	1	2	...	...	12	...	82
1903	...	63	6	...	2	...	...	9	...	80
1904	...	94	1	...	1	...	...	11	...	107
1905	...	54	...	1	1	...	...	20	...	76
1906	...	106	7	...	3	...	...	14	...	130
1907	...	32	3	1	...	...	1	12	...	49
1908	...	18	12	2	1	...	...	8	...	41
1909	...	91	13	...	1	...	...	16	...	121
1910	...	97	6	...	1	...	...	13	..	117
1911	...	107	12	...	1	..	...	11	...	131
1912	...	120	28	...	...	...	...	13	2	163
1913	.	84	11	1	...	...	1	21	...	118



TABLE XIV.—SHEWING THE NUMBER OF CASES OF  
INFECTIOUS DISEASE NOTIFIED DURING EACH  
MONTH OF THE YEAR 1913.

Month.	Scarlet Fever.	Diphtheria.	Puerperal Fever.	Erysipelas.	Total.
January ...	2	...	1	2	5
February ...	3	1	...	3	7
March ...	2	...	...	1	3
April ...	3	7	...	4	14
May ...	...	...	...	...	...
June ...	3	2	...	1	6
July ...	3	...	...	...	3
August ...	4	...	...	2	6
September ...	21	...	...	2	23
October ...	39	...	...	4	43
November ..	2	2	...	2	6
December ..	2	...	...	...	2
Total ...	84	12	1	21	118

TABLE XV.—SHEWING THE NUMBER OF REGISTERED  
WORKSHOPS IN THE RURAL DISTRICT OF WHITE-  
HAVEN DURING THE YEAR 1913, AND THE NUMBER  
OF PERSONS EMPLOYED THEREIN.

Nature of Business.	No. of Work- shops.	Number of Persons Employed.		
		Male.	Female.	Total.
Joiners ...	8	23	...	23
Blacksmiths ...	9	21	...	21
Dressmakers ...	3	...	13	13
Tailors ...	3	8	...	8
Shoemakers ...	7	15	...	15
Bakehouse ...	1	...	2	2
Painters ...	3	7	...	7
Plumber ...	1	2	...	2
Flour Mixing ...	3	15	...	15
Confectioners ...	3	...	9	9
Motor Car Works ...	1	2	...	2
Total ...	42	93	24	117

TABLE XVI.—SHEWING THE NUMBER OF HOUSES IN THE DIFFERENT PARISHES INSPECTED DURING THE YEAR 1913, UNDER THE PROVISIONS OF THE HOUSING AND TOWN PLANNING ACT, 1909, AND THE NUMBER OF NOTICES SERVED AND COMPLIED WITH IN REFERENCE TO THESE HOUSES.

PARISH.	Number of Houses Inspected.	Number of Notices served (Houses).	RESULT.		
			Notices complied with.	Notices not fully com- plied with.	Houses Closed.
1	2	3	4	5	6
Distington ... ..	16	12	3	9	...
Ennerdale and Kinniside	33	28	7	20	1
Gosforth ... ..	179	155	23	131	1
Haile ... ..	1	1	...	1	...
Hensingham and Weddicar	90	70	39	31	...
Lamplugh ... ..	5	4	...	4	...
Moresby ... ..	15	13	6	7	...
Ponsonby ... ..	23	19	14	5	...
Preston Quarter ...	28	26	13	11	2
Sandwith and Rottington	75	67	43	24	...
St. Bees ... ..	6	5	3	2	...
St. Bridget ... ..	54	50	28	22	...
St. John ... ..	18	15	10	5	...
Salter and Eskett ...	33	31	25	6	...
Total ... ..	576	496	214	278	4

TABLE XVII.—SHEWING THE TOTAL NUMBER OF HOUSES INSPECTED SINCE THE ACT CAME INTO FORCE, THE NUMBER OF NOTICES SERVED, AND THE NUMBER COMPLIED WITH TO THE END OF 1913.

PARISH.	Number of Houses Inspected.	Number of Notices served (Houses).	RESULT.		
			Notices Complied with.	Notices not fully complied with at the end of 1913.	Houses Closed.
1	2	3	4	5	6
Distington ... ..	264	250	189	55	6
Ennerdale and Kinniside	84	77	45	31	1
Gosforth ... ..	179	155	23	131	1
Haile ... ..	56	46	33	13	...
Hensingham & Weddicar	407	361	291	65	5
Lamplugh ... ..	209	201	150	46	5
Lowside Quarter ...	49	41	34	7	...
Moresby ... ..	78	70	40	28	2
Parton ... ..	306	272	243	27	2
Ponsonby ... ..	23	19	14	5	...
Preston Quarter ..	28	26	13	11	2
Sandwith & Rottington	75	67	43	24	...
St. Bees ... ..	191	165	157	8	...
St. Bridget ... ..	115	106	73	33	...
St. John ... ..	80	58	50	8	...
Salter and Eskett ...	33	31	25	6	...
Total ... ..	2177	1945	1423	498	24

XVIII.—SHEWING THE NUMBER AND CHARACTER OF DEFECTS FOUND TO EXIST IN HOUSES INSPECTED IN 1913.

PARISH.	Water Supply.	Closet Accommodation.	Drainage and Sink Pipes.	Light and Ventilation.	Dampness.	Paving and Drainage of Yards and Outhouses.
1	2	3	4	5	6	7
Distington ... ..	5	3	7	7	9	2
Ennerdale and Kinniside	5	4	18	19	20	...
Gosforth ... ..	61	7	87	145	64	7
Hensingham & Weddicar	2	6	43	25	18	8
Lamplugh ... ..	1	...	2	3	2	...
Moresby ... ..	2	...	4	8	8	2
Ponsonby ... ..	6	1	12	16	10	2
Preston Quarter ...	3	5	12	18	16	...
Salter and Eskett ...	...	...	15	24	23	11
Sandwith and Rottington	1	10	30	46	38	12
St. Bees ... ..	.	...	8	3	5	1
St. Bridget ... ..	24	5	23	42	20	5
St. John ... ..	4	...	7	14	3	1
Total ... ..	114	41	263	370	236	51

